

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE			
						APPLICANT(S)				
						CLAIMS				
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.				IND.
1	1						51			
2	1						52			
3	1						53			
4	1						54			
5	1						55			
6	1						56			
7	1						57			
8	1						58			
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38	1						88			
39	1						89			
40	1						90			
41	1						91			
42	1						92			
43	1						93			
44	1						94			
45	1						95			
46	1						96			
47	1						97			
48	1						98			
49	1						99			
50	1						100			
TOTAL IND.	1						TOTAL IND.			
TOTAL DEP.	1						TOTAL DEP.			
TOTAL CLAIMS	1						TOTAL CLAIMS			